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31894 7590 05/27/2010 Contificate of Mailing on Transmission						
OKAMOTO & BENEDICTO, LLP P.O. BOX 641330 SAN JOSE, CA 95164				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
0.11.000., 0.1	22101		Г			(Depositor's name)
						(Signature)
			[			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/032,394	10/032,394 12/19/2001		Adityo Prakash		10006.000610	5415
TITLE OF INVENTION: ADAPTIVE TRANSFORMS						
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	JE FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	NO -YES	\$1510 <b>-\$755</b> -	\$300	\$0	\$1810 <del>\$10</del> 5 <del>5</del> -	08/27/2010
EXAM		ART UNIT	CLASS-SUBCLASS	7		
ROSARIO, DENNIS		2624	382-302000	<b>_</b>		
1. Change of corresponde CFR 1.363).  Change of corresponder o	ence address or indicatio ondence address (or Cha B/122) attached.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.			registered attorney or agent) and the names of up to			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Altera Corporation San Jose, California						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government						
4a. The following fee(s)  X Issue Fee	are submitted:	4	. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.			
Publication Fee (I	permitted)	Payment by credit	Payment by credit card. Form PTO-2038-is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2427 (enclose an extra copy of this form).			
Advance Order -	# of Copies		overpayment, to De	by authorized to cha posit Account Numb	orge the required fee(s), any doer 50-2427 (enclose	an extra copy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.						
			ed from anyone other that k Office.	n the applicant; a reg	istered attorney or agent; or	the assignee or other party in
Authorized Signature /James K. Okamoto/			Date 07/27/2010			
Typed or printed nameJAMES K. OKAMOTO			Registration No. 40,110			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						